



ASC Utilization Report
State Form 49933 (R3/6-05)
Indiana State Department of Health
Acute Care

Status: Finalized

I. Center Identification

Organization Name: MERIDIAN PLASTIC SURGERY CENTER

Street Address: 170 W. 106th St

City: Indianapolis

County: IN

Administrator Name:

Administrator Email: mhuscroft@meridianplasticsurgerycenter.com

ASC Web Address:

Fiscal Year: 2018

Accredited: Yes No

Name of Accrediting Body: AAAHC

Deemed Status: Yes No

Corporate Tax Status: For Profit Non Profit

II. Identification of Surgical Resources

Number of operating rooms	2
Number of procedure rooms	1

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	1243	3450
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
19325 Mammoplasty augmentation	161	
15828 Facelift	125	
15877 suction assisted lipectomy; trunk	109	
15838 submentoplasty	78	
19371 periprosthetic capsulectomy, breast	70	
15820 blepharoplasty bilateral, lower	68	
15822 blepharoplasty bilateral, upper	62	

15879 suction assisted lipectomy; lower extremity	59
30465 repair of nasal vestibular stenosis	59
30520 septoplasty	50

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	9
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